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December 23, 2015

Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1633-FC
P.O. Box 8013
Baltimore, MD 21244-1850

RE: Comments to CMS-1633-FC – Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Short Inpatient Hospital Stays; Transition for Certain Medicare-Dependent, Small Rural Hospitals under the Hospital Inpatient Prospective Payment System; Provider Administrative Appeals and Judicial Review

Dear Acting Administrator Slavitt:

On behalf of the International Society for the Advancement of Spine Surgery (ISASS), I am writing to submit comments to CMS-1633-FC – Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Short Inpatient Hospital Stays; Transition for Certain Medicare-Dependent, Small Rural Hospitals under the Hospital Inpatient Prospective Payment System; Provider Administrative Appeals and Judicial Review.

ISASS is a global, scientific and educational society organized to provide an independent venue to discuss and address the issues involved with all aspects of basic and clinical science of motion preservation, stabilization, innovative technologies, MIS procedures, biologics and other fundamental topics to restore and improve motion

and function of the spine. ISASS appreciates the opportunity to comment on the final rule.

Additions to the List of ASC Covered Surgical Procedures

ISASS supports CMS' decision to finalize the addition of four spine procedures to the list of ASC covered surgical procedures:

- CPT[®] 0171T - Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level;
- CPT[®] 0172T - Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; each additional level;
- CPT[®] 63046 - Laminectomy, facetectomy, and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), eg spinal or lateral recess stenosis, single vertebral segment; thoracic; and
- CPT[®] 63055 - Transpedicular approach with decompression of spinal cord, cauda equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic.

ISASS agrees with CMS that these procedures do not pose a significant risk to beneficiary safety when performed in an ASC and would not be expected to require active medical monitoring and overnight care of the beneficiary following the procedure.

ISASS appreciates the opportunity to comment on the final rule. Thank you for your time and consideration of our comments. Please feel free to contact Liz Vogt, Director of Health Policy & Advocacy by email at liz@isass.org or by phone at (630) 375-1432 with questions or requests for additional information.

Sincerely,



Morgan P. Lorio, MD, FACS
Chair, Coding and Reimbursement Task Force
International Society for the Advancement of Spine Surgery